



**YOUNG ASTRONAUTS OF NJ
&
NJ AVIATION EDUCATION COUNCIL INC.**

ROBERT C. SMITH MEMORIAL SCHOLARSHIP

NJ Civil Air Patrol Cadets in the graduating class of a high school may enter this local competition. Only requirements, cadet must be an active member of a NJ squadron, plan on graduating in 2003, and attend a school to pursue a career in aviation. This application must be filed with the NJ Aviation Education Council Scholarship Chairman.

Cadet's Full Name _____ Grade _____

Address _____

City _____ State _____ Zip Code _____

Date of Birth _____ Phone Number _____

Squadron Name and Location _____

Squadron Commander _____

Name of Guardian/Parents _____

High School : Name _____

Address _____

City & State _____

Phone Number _____

School Guidance Counselor _____

Guidance Counselor Phone Number _____

List in school, CAP, and out of school activities, offices held, awards, etc.

State your plans for enrollment in an accredited school. Please include tuition cost.

State what other applications you have made for scholarship aid. Give details.

SCHOLARSHIP CHECKLIST

_____ **PLEASE INCLUDE A RECENT PHOTOGRAPH OF YOURSELF IN UNIFORM**

_____ **APPLICANT'S STATEMENT OF NOT MORE THAN 300 WORDS SUMMARIZING ACTIVITIES, ACCOMPLISHMENTS, AND OBJECTIVES OF FURTHER EDUCATION (attach letter to application)**

_____ **COPY OF TRANSCRIPTS FROM GRADUATING HIGH SCHOOL**

_____ **LIST NOTABLE ACHIEVEMENTS IN LEADERSHIP, LITERATURE, ATHLETICS, DRAMATICS, COMMUNITY SERVICE, OR OTHER ACTIVITIES.**

SIGNATURE OF APPLICANT _____

PLEASE RETURN APPLICATION TO:

**CAPT. JERRY IACONA
29 KRUEGER LANE
GROVEVILLE, NJ, 08620**

PHONE NUMBER (609) 581- 3744

THE SCHOLARSHIP WILL BE IN THE AMOUNT OF \$1,000. IF YOU ARE CHOSEN BY THE SCHOLARSHIP COMMITTEE, YOU WILL BE INFORMED OF THE DATE YOU WILL RECEIVE YOUR AWARD. PLEASE CONTACT ME WITH ANY QUESTIONS OR CONCERNS.

DEADLINE DATE _____ **March 31, 2003**